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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

## a valid OMB control number. Attorney Docket Number DECLARATION FOR UTILITY OR David Tso-Chin First Named Inventor DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date ☑ Declaration ☐ Declaration Submitted Submitted after Initial Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing Examiner Name required) As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: MICRO COAXIAL CABLE CONNECTOR ASSEMBLY WITH IMPROVED CONTACTS the specification of which (Title of the Invention) $\Box$ is attached hereto OB was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. Lacknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. Certified Copy Attached? **Priority** Prior Foreign Application Foreign Filling Date Country Number(s) (MM/DD/YYYY) Not Claimed YES NO Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional application numbers are listed on a supplemental priority data sheet

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## **DECLARATION** — Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to petentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application U.S. Parent Application or PCT Parent Parent Filing Date **Parent Patent Number** Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pater and Trademark Office connected therewith: 🗵 Customer Number 25859 Place Customer OR Number Bar Code Registered practitioner(s) name/registration number listed below Label bere Registration Registration Name Number Name Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/S8/02C attached hereto. Direct all correspondence to: X Customer Number 25859 OR Correspondence address below or Bar Code Label Name <u>Address</u> **Address** City State ZIP Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the Name of Sole or First Inventor: A petition has been filed for this unsigned inventor Given Name (first and middle fil anyl) Family Name or Sumame David Tso-Chin Kο Inventor's Signature 0/10/03 Date Cypress Residence: City CA U.S.A. County Citizenship U.S. Memorex Drive 1650 Post Office Address Post Office Address City Santa Clara CA 95050 State U.S.A. ZIP Country

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

oxdot Additional inventors are being named on the